

SERFF Tracking Number:	HCAP-125432626	State:	Arkansas
First Filing Company:	The Ohio Casualty Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	PL20080004		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0006 Other Personal Inland Marine
Product Name:	Pleasure Boat		
Project Name/Number:	Re-Branding Pleasure Boat Forms/PL20080004		

Filing at a Glance

Companies: The Ohio Casualty Insurance Company, West American Insurance Company, American Fire and Casualty Company

Product Name: Pleasure Boat	SERFF Tr Num: HCAP-125432626	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 09.0006 Other Personal Inland Marine	Co Tr Num: PL20080004	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
	Authors: Jodi Guggenberger, Nancy Greene	Disposition Date: 02/15/2008
	Date Submitted: 01/18/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 03/01/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 03/01/2008

State Filing Description:

General Information

Project Name: Re-Branding Pleasure Boat Forms	Status of Filing in Domicile: Not Filed
Project Number: PL20080004	Domicile Status Comments: N/A
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 02/15/2008	
State Status Changed: 02/07/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

As a result of the acquisition of the Ohio Casualty Group by Liberty Mutual, we need to file the attached changes to our program. We are not at this time making any changes to our product which would affect our policy holder. Our effort at this time, is to simply "re-brand" these Declaration pages to more accurately reflect our new company reference direction due to the acquisition previously mentioned. Therefore, we are filing this as an informational filing.

SERFF Tracking Number:	HCAP-125432626	State:	Arkansas
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Product Name:	Pleasure Boat		
Project Name/Number:	Re-Branding Pleasure Boat Forms/PL20080004		

Company and Contact

Filing Contact Information

Nancy Greene, Personal Lines State Filing Technician	Nancy.Greene@ocas.com
9450 Seward Road	(800) 843-6446 [Phone]
Fairfield, OH 45014-5456	(513) 603-2160[FAX]

Filing Company Information

The Ohio Casualty Insurance Company	CoCode: 24074	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 31-0396250	

West American Insurance Company	CoCode: 44393	State of Domicile: Indiana
9450 Seward Road	Group Code: 111	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 31-0624491	

American Fire and Casualty Company	CoCode: 24066	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 59-0141790	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Ohio Casualty Insurance Company	\$50.00	01/18/2008	17570348
West American Insurance Company	\$0.00	01/18/2008	

<i>SERFF Tracking Number:</i>	<i>HCAP-125432626</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Pleasure Boat</i>		
<i>Project Name/Number:</i>	<i>Re-Branding Pleasure Boat Forms/PL20080004</i>		
American Fire and Casualty Company	\$0.00	01/18/2008	

SERFF Tracking Number:	HCAP-125432626	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	02/15/2008	02/15/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Alexa Grissom	02/07/2008	02/07/2008	Nancy Greene	02/08/2008	02/08/2008
Pending Industry Response	Alexa Grissom	01/29/2008	01/29/2008	Nancy Greene	01/31/2008	01/31/2008
Pending Industry Response	Alexa Grissom	01/28/2008	01/28/2008			

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Important Notice	Supporting Document	Nancy Greene	01/18/2008	01/18/2008

<i>SERFF Tracking Number:</i>	<i>HCAP-125432626</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Re-Branding Pleasure Boat Forms/PL20080004</i>		

Disposition

Disposition Date: 02/15/2008
Effective Date (New): 03/01/2008
Effective Date (Renewal): 03/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number:	HCAP-125432626	State:	Arkansas
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Product Name:	Pleasure Boat		
Project Name/Number:	Re-Branding Pleasure Boat Forms/PL20080004		

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document (revised)	Important Notice	Approved	Yes
Supporting Document	Important Notice	Approved	Yes
Supporting Document	Important Notice	Approved	Yes
Form	Declaration	Approved	Yes

SERFF Tracking Number: HCAP-125432626 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: PL20080004
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine
Product Name: Pleasure Boat
Project Name/Number: Re-Branding Pleasure Boat Forms/PL20080004

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 02/07/2008

Submitted Date 02/07/2008

Respond By Date

Dear Nancy Greene,

This will acknowledge receipt of the captioned filing. As previously stated, the Arkansas Insurance Department current address is: 1200 West Third Street, Little Rock, AR 72201. The submitted form must reflect the current address.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

Response Letter

Response Letter Status Submitted to State

Response Letter Date 02/08/2008

Submitted Date 02/08/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: Please find attached our form indicating the correct address for Arkansas Department of Insurance.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Important Notice

Comment: This form should have been included with this filing.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

<i>SERFF Tracking Number:</i>	<i>HCAP-125432626</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>The Ohio Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>Project Name/Number:</i>	<i>Re-Branding Pleasure Boat Forms/PL20080004</i>		

Sincerely,

Jodi Guggenberger, Nancy Greene

SERFF Tracking Number: HCAP-125432626 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: PL20080004
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine
Product Name: Pleasure Boat
Project Name/Number: Re-Branding Pleasure Boat Forms/PL20080004

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/29/2008

Submitted Date 01/29/2008

Respond By Date

Dear Nancy Greene,

This will acknowledge receipt of the captioned filing. The Insurance Department address must be updated to 1200 West Third Street, Little Rock, AR 72201. Additionally, please submit the transmittal document including the proposed effective date.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

Response Letter

Response Letter Status Submitted to State

Response Letter Date 01/31/2008

Submitted Date 01/31/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: Response to Objection Letter of 01/28/2008

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment:

Satisfied -Name: Important Notice

Comment: This form should have been included with this filing.

No Form Schedule items changed.

SERFF Tracking Number: *HCAP-125432626* *State:* *Arkansas*
First Filing Company: *The Ohio Casualty Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *PL20080004*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0006 Other Personal Inland Marine*
Product Name: *Pleasure Boat*
Project Name/Number: *Re-Branding Pleasure Boat Forms/PL20080004*

No Rate/Rule Schedule items changed.

Sincerely,
Jodi Guggenberger, Nancy Greene

SERFF Tracking Number: *HCAP-125432626* *State:* *Arkansas*
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Product Name: *Pleasure Boat*
Project Name/Number: *Re-Branding Pleasure Boat Forms/PL20080004*

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/28/2008

Submitted Date 01/28/2008

Respond By Date

Dear Nancy Greene,

This will acknowledge receipt of the captioned filing. Please note that the Insurance Department is located at 1200 West Third Street, Little Rock, AR 72201. Please update your form accordingly. Additionally, please submit the transmittal document including the proposed effective date.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

SERFF Tracking Number: *HCAP-125432626* State: *Arkansas*
First Filing Company: *The Ohio Casualty Insurance Company, ...* State Tracking Number: *EFT \$50*
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Product Name: *Pleasure Boat*
Project Name/Number: *Re-Branding Pleasure Boat Forms/PL20080004*

Amendment Letter

Amendment Date:

Submitted Date: 01/18/2008

Comments:

The attached form should have been included in the initial filing.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Important Notice

Comment: This form should have been included with this filing.

F 2376 10 00 Rebranding.pdf

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Form Schedule

Review	Form Name	Form #	Edition	Form Type	Action	Action Specific	Readability	Attachment
Status			Date			Data		
Approved	Declaration			Declaration Replaced		Replaced Form #:0.00		Dec Page
				s/Schedule		Previous Filing #:		Mono
								Boat.pdf

West American Insurance Company

9450 Seward Road, Fairfield, Ohio 45014

POLICY NUMBER:
ZBW 40153122

POLICY PERIOD
From 12/21/2007 To 12/21/2008
12:01 am Standard Time

Boatowner Declaration

INSURED

30275 SCENARIO5
8100 ARCTIC BLVD
ANCHORAGE, AK 99518-3003

AGENT 11 0104

CLEAR LAKES AGENCY INC
1114 MAIN ST
BUHL, ID 83316-1630

AGENT'S PHONE NO

(208) 543-6464



PRODUCER CODE
000

Dear Policyholder:

THIS IS
NOT A
BILL



The Ohio Group of Insurance Companies, along with your Professional Independent Insurance Agent, thank you for your business. Enclosed is information regarding your insurance coverage. Please read these documents very carefully and contact your Independent Agent if you have any questions.

- If you have made additions or improvements to your property or purchased personal items of a significant value, such as furs or jewelry, please contact your Independent Agent to be sure you are properly protected.
- You will receive the billing statement under separate cover.
- The Ohio Casualty Group has enhanced your billing statement and made it easier to read.
- We now offer additional payment options including a no installment fee electronic funds transfer automated payment option. Additional information will be provided.



Policy Reminders

- **Verify that all information is correct.**
- **Call your agent if you have any changes.**
- **File these documents in a safe place.**

Important Messages

Important notice(s) explain changes to your coverage. Please review your policy to determine if any are attached.

To report a claim, call your Agent or 1-800-366-6446

NAMED INSURED: 30275 SCENARIO5
INSURED NEW BUSINESS

40153122

PROP 1791 AWZ1 09:45:18 12/21/2007 STATE: ID AGENT #: 0104

This page intentionally left blank.

West American Insurance Company

9450 Seward Road, Fairfield, Ohio 45014

Boatowner Declaration

POLICY NUMBER:
ZBW 40153122

POLICY PERIOD
From 12/21/2007 To 12/21/2008
12:01 am Standard Time

INSURED

30275 SCENARIO5
8100 ARCTIC BLVD
ANCHORAGE, AK 99518-3003

AGENT 11 0104

CLEAR LAKES AGENCY INC
1114 MAIN ST
BUHL, ID 83316-1630

(208) 543-6464



PRODUCER CODE
000

SUMMARY OF PREMIUM

Watercraft \$2,027.09

TOTAL PREMIUM \$2,027.09

DISCOUNTS/CREDITS:

Policy Forms and Endorsements

This policy consists of the declaration page, the forms listed below and your representations on the application that are incorporated into the policy. Please refer to the policy forms for detailed information regarding your coverage.

Policy Forms and Endorsements

If a form is revised during the policy term, the current edition date of the form will be substituted at renewal.

New forms are identified with an asterisk (*).

<u>Title</u>	<u>Form Number</u>	<u>Edition Date</u>	<u>Premium</u>
Punitive or Exemplary Damages Exclusion	* OCH147	0500	
Pleasure Boat Policy - Alaska	* PB1	0308	
Pleasure Boat Policy	* PB3	0607	\$2,027.09

Insurance is provided only with respect to the coverages for which a limit of liability is specified, subject to all conditions of this policy.

AUTHORIZED SIGNATURE

To report a claim, call your Agent or 1-800-366-6446

NAMED INSURED: 30275 SCENARIO5
INSURED NEW BUSINESS

40153122

PROP 1791 AWZ1 09:45:18 12/21/2007 STATE: ID AGENT #:0104

<i>SERFF Tracking Number:</i>	<i>HCAP-125432626</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Pleasure Boat</i>		
<i>Project Name/Number:</i>	<i>Re-Branding Pleasure Boat Forms/PL20080004</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *HCAP-125432626* State: *Arkansas*
First Filing Company: *The Ohio Casualty Insurance Company, ...* State Tracking Number: *EFT \$50*
Company Tracking Number: *PL20080004*
TOI: *09.0 Inland Marine* Sub-TOI: *09.0006 Other Personal Inland Marine*
Product Name: *Pleasure Boat*
Project Name/Number: *Re-Branding Pleasure Boat Forms/PL20080004*

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	02/15/2008
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Comments:

Attachment:

Transmittal Branding Forms.pdf

Satisfied -Name:	Important Notice	Review Status:	Approved	02/15/2008
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Comments:

This form should have been included with this filing.

Attachment:

F 2376 10 00 Rebranding.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div>New Business</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Renewal Business</div> <div></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes																																
3. Group Name Liberty Mutual Group	Group NAIC # 0111																																
4. Company Name(s) The Ohio Casualty Insurance Company West American Insurance Company American Fire and Casualty Company	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Domicile</th> <th style="width: 20%;">NAIC #</th> <th style="width: 20%;">FEIN #</th> <th style="width: 40%;">State #</th> </tr> </thead> <tbody> <tr> <td></td> <td>0111-24074</td> <td>31-0396250</td> <td></td> </tr> <tr> <td></td> <td>0111-44393</td> <td>31-0624491</td> <td></td> </tr> <tr> <td></td> <td>0111-24066</td> <td>59-0141790</td> <td></td> </tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> </tbody> </table>	Domicile	NAIC #	FEIN #	State #		0111-24074	31-0396250			0111-44393	31-0624491			0111-24066	59-0141790																	
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5. Company Tracking Number	PL20080004																																
Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]																																	
6. Name and address Nancy Greene 9450 Seward Road Fairfield, Ohio 45014	Title PL State Filing Tech																																
Telephone #s 1-800-843-6446 Ext. 2876	FAX # 513-603- 2160																																
e-mail nancy.greene@libertymutual.com																																	
7. Signature of authorized filer 																																	
8. Please print name of authorized filer Nancy Greene																																	
Filing information (see General Instructions for descriptions of these fields)																																	
9. Type of Insurance (TOI)	09.0 Inland Marine																																
10. Sub-Type of Insurance (Sub-TOI)	09.0006 Other Personal Inland Marine																																
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A																																
12. Company Program Title (Marketing title)	Pleasure Boat Program																																
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)																																
14. Effective Date(s) Requested	New: March 1, 2008 Renewal: March 1, 2008																																
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																
16. Reference Organization (if applicable)	N/A																																
17. Reference Organization # & Title	N/A																																
18. Company's Date of Filing	January 18, 2008																																
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved																																

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	PL20080004
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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As a result of the acquisition of the Ohio Casualty Group by Liberty Mutual, we need to file the attached changes to our program. We are not at this time making any changes to our product which would affect our policy holder. Our effort at this time, is to simply "re-brand" these Declaration pages to more accurately reflect our new company reference direction due to the acquisition previously mentioned. Therefore, we are filing this as an informational filing.

[View Complete Filing Description](#)

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: Sent Via EFT

Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**ARKANSAS
IMPORTANT NOTICE**

YOUR POLICY IS WRITTEN THROUGH OHIO CASUALTY INSURANCE COMPANY, WEST AMERICAN INSURANCE COMPANY OR AMERICAN FIRE & CASUALTY COMPANY. YOU MAY DIRECT INQUIRIES REGARDING YOUR POLICY TO ANY PARTY LISTED BELOW, HOWEVER, WE ENCOURAGE YOU TO MAKE INITIAL INQUIRIES TO YOUR AGENT WHOSE NAME, ADDRESS AND PHONE NUMBER APPEAR ON YOUR POLICY.

COMPANY

PERSONAL LINES BUSINESS CENTER
P.O. BOX 188060
FAIRFIELD, OH 45018
TELEPHONE (800) 345-6664

If your Agent or Company fails to provide you with reasonable and adequate service, you should feel free to contact:

INSURANCE DEPARTMENT

ARKANSAS INSURANCE DEPARTMENT
CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904
TELEPHONE: (800) 852-5494

Policies are underwritten by The Ohio Casualty Insurance Company, West American Insurance Company, American Fire & Casualty Company, the Ohio Security Insurance Company, the Avomark Insurance Company or Ohio Casualty of New Jersey, Inc.

<i>SERFF Tracking Number:</i>	<i>HCAP-125432626</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>The Ohio Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PL20080004</i>		
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<i>Product Name:</i>	<i>Pleasure Boat</i>		
<i>Project Name/Number:</i>	<i>Re-Branding Pleasure Boat Forms/PL20080004</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Uniform Transmittal Document-Property & Casualty	01/15/2008	
No original date	Supporting Document	Important Notice	01/31/2008	F 2376 10 00 Rebranding.pdf
No original date	Supporting Document	Important Notice	01/18/2008	F 2376 10 00 Rebranding.pdf

**ARKANSAS
IMPORTANT NOTICE**

YOUR POLICY IS WRITTEN THROUGH ONE OF THE MEMBER COMPANIES OF OHIO CASUALTY GROUP. YOU MAY DIRECT INQUIRIES REGARDING YOUR POLICY TO ANY PARTY LISTED BELOW, HOWEVER, WE ENCOURAGE YOU TO MAKE INITIAL INQUIRIES TO YOUR AGENT WHOSE NAME, ADDRESS AND PHONE NUMBER APPEAR ON YOUR POLICY.

COMPANY

PERSONAL LINES BUSINESS CENTER
P.O. BOX 188060
FAIRFIELD, OH 45018
TELEPHONE (800) 345-6664

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INSURANCE DEPARTMENT

ARKANSAS INSURANCE DEPARTMENT
CONSUMER SERVICES DIVISION
400 UNIVERSITY TOWER BUILDING
LITTLE ROCK, AR 72204
TELEPHONE: (800) 852-5494

Policies are underwritten by The Ohio Casualty Insurance Company, West American Insurance Company, American Fire & Casualty Company, the Ohio Security Insurance Company, the Avomark Insurance Company or Ohio Casualty of New Jersey, Inc.

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COMPANY

PERSONAL LINES BUSINESS CENTER
P.O. BOX 188060
FAIRFIELD, OH 45018
TELEPHONE (800) 345-6664

If your Agent or Company fails to provide you with reasonable and adequate service, you should feel free to contact:

INSURANCE DEPARTMENT

ARKANSAS INSURANCE DEPARTMENT
CONSUMER SERVICES DIVISION
400 UNIVERSITY TOWER BUILDING
LITTLE ROCK, AR 72204
TELEPHONE: (800) 852-5494

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